

EXHIBIT 3

INCIDENT REPORT Form 04/008 1180-25-10		POLICE DEPARTMENT BALTIMORE, MARYLAND		1 Crime / Incident ARSON		2 Complaint Number 112HQ3006	
<input type="checkbox"/> Person <input type="checkbox"/> Domestic Related <input checked="" type="checkbox"/> Property <input type="checkbox"/> Gang Related <input type="checkbox"/> Vehicle <input type="checkbox"/> Juvenile Related <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Hate Crime		3 Location of Offense / Incident (Exact Street Address) 1601 S. CLINTON ST. 21224		4 Date / Time Occurred 8 AUG, 11 0800		5 Date / Time Reported #4	
6 Unit 2B31		7 Point of Occurrence 231		8 Reporting Area 9 Street Code		10 CAD Number 0886	
11 Location Given by Dispatcher #3		12 Completion Report No.		13 Case Status <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed <input checked="" type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared		14 Follow-up <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
15 Crime Code		16 Describe Location of Offense or Type of Premise OFFICE BUILDING		17 Reported by Crime Watcher <input type="checkbox"/> Yes <input type="checkbox"/> No			
18 Complaint / Victim Name (Last, First, MI), or First Name if Business COPT		Residence / Address (Include City, County, State, Zip) 1601 S. CLINTON ST. 21224		Sex Race Age DOB		19 Reported by Crime Watcher <input type="checkbox"/> Yes <input type="checkbox"/> No	
Where Employed or School Attending (Include City Location) Occupation		Hours of Employment / Residence Phone		Other Phone 410-276-8081		20 Victim / Assailant Relationship Current / Former Cohabitant <input type="checkbox"/> Yes <input type="checkbox"/> No	
21 Injuries and Location on Body		Victim's Condition		Victim Hospitalized Facility <input type="checkbox"/> Yes <input type="checkbox"/> No		22 Victim / Assailant Relationship Current / Former Cohabitant <input type="checkbox"/> Yes <input type="checkbox"/> No	
23 Reporting Person Name (Last, First, MI) SMITH, DAVID		Sex Race Age DOB		Address (Include City, County, State, Zip) 1601 S. CLINTON ST. 21224		Residence Phone Other Phone 4102768081	
24 Witness Parent/Guardian Name (Last, First, MI)		Address (Include City, County, State, Zip)		Residence Phone		Other Phone	
25 Suspect Name (Last, First, MI) MAHMOOD, MARIA		Address (Include City, County, State, Zip) 14717 EXBURY LN. 20707		Sex Race Age DOB		Height Weight 6'0" 115	
Complexion Hair Color/Length/Style		Hat		Eyes		Facial Hair	
Tooth		Shirt/Coat		Pants		Shoes	
Additional Descriptors (Tattoos, Piercings, Scars, Marks, Accent, etc.)		Finger Number 11280406					
27 Transfer of Suspect(s) (Action / Conversation)		28 Point of Entry		29 Location Last Seen		30 Manner of Escape	
31 Direction of Escape		32 Weapon / Means of Attack		33 Method Used to Commit Crime		34 Type of Property Taken	
35 Total Loss Value		36 Vehicle Information Suspect Victim Stolen Towed Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Tag Number		State	
Expiration		Vehicle Year/Make		Model		Body Style/Color	
Mileage		37 Registered Owner Name (Last, First, MI)		Sex Race Age DOB		Address (Include City, County, State, Zip)	
38 Recovered by		39 Method of Theft		40 Evidence of Stripping / Tampering		41 Repa. Check <input type="checkbox"/> Yes <input type="checkbox"/> No	
42 Tow List Check <input type="checkbox"/> Yes <input type="checkbox"/> No		43 Owner Notified <input type="checkbox"/> Yes <input type="checkbox"/> No		44 Tow Operator Signature			
45 Detective Notified VOGT		Sequence No. Assignment 0831		Unit Number/Date 8541 8AUG, 11		Time 1100	
46 Medical Examiner Notified		Date		Time			
47 Crime Lab Technician Name TRAN		Unit Number 5825		Time 1100		48 Hot Desk Person Notified	
49 Communications Supervisor Notified <input type="checkbox"/> Yes <input type="checkbox"/> No		50 Citywide Broadcast Notified <input type="checkbox"/> Yes <input type="checkbox"/> No		51 Victim Assistance/Incident Information Form(s) Provided <input type="checkbox"/> Yes <input type="checkbox"/> No			
52 Copies Forwarded To							
Cont'd Sections: (1) Description of any recording made. (2) Property listing, to include property value and description of evidence/property. (3) Property inventory number(s) when applicable. (4) Description of incident, include all steps taken in preliminary investigation. (5) List of additional notifications, including name, agency or assignment, unit number, telephone number, date, time. (6) List of arrests, including Arrest Numbers and charges.							
STRUCTURAL DAMAGE \$1000.00		CONTENT \$0					
53 Reporting Officer Name (PRINT CLEARLY) DET. FRANCIS		Sequence No. Assignment FC13		Signature SED		Signature	
54 Approving Supervisor Name [Signature]		Sequence No. Assignment [Signature]		Signature STD		Signature	
55 RMR Date Entered by [Signature]		Sequence No. Date [Signature]		Time [Signature]		56 Reviewed [Signature]	
57 Referred To CTD							

REPORT SHOULD BE TYPED OR LEGIBLY PRINTED IN BLACK INK

SUPPLEMENTARY REPORT Form 04507 1100-25-25		POLICE DEPARTMENT BALTIMORE, MARYLAND		1 Offense / Incident ARSON		Attempted <input type="checkbox"/> Complaint Number 112H03805	
<input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Follow Up		Person <input type="checkbox"/> Property <input checked="" type="checkbox"/> Miscellaneous <input type="checkbox"/> Vehicle <input type="checkbox"/> Missing Person <input type="checkbox"/> Custody <input type="checkbox"/>		3 Location of Offense / Incident (Street Address, Zip) 1501 S. CLINTON ST. 21224		Page 2 of 3	
6 Unit 2B31		7 Post of Occurrence / Reporting Area 231		8 CAD Number 0886		9 Arrest / Custody Number 11200405	
10 Date / Time of This Report 8 AUG, 11 0809		11 Original Report Date / Time #4		12 Offense / Incident Changed From		13 Case Status <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed	
14 Multiple Clearance <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15 Case Disposition <input checked="" type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared		16 Follow-up <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		17 Crime Code 80	
18 Complaint / Victim Name (Last, First, MI), or Firm Name if Business COPT		Residence / Address (Include City, County, State, Zip) 1501 S. CLINTON ST. 21224		Sex M		Age DOB	
20 Copies Forwarded To PFR ASU							
<p>CONFIDENTIAL: (1) Continuation of any preceding form. (2) Property listing, to include property when and where received and/or known property, del property inventory number(s) when applicable. (3) Record of all activity and all developments in case subsequent to last report. Include names and arrest numbers of all persons arrested. Explain any crime/probable classification change. (4) List all additional notifications, including name, agency or assignment, unit number, telephone number, date, time. (5) Recommended case status when applicable. (6) If multiple clearance, include all affected complaint case numbers.</p> <p>ON 8 AUGUST 2011 @ 9:09 am, DETECTIVE FRANCIS, 2B31 UNIT RESPONDED TO 1501 S. CLINTON STREET, MARINER BANK TOWER, FOR A REPORTED OF A B&E. UPON HER ARRIVAL SHE WAS DIRECTED TO THE 13TH FLOOR WHERE SHE SPOKE WITH DAVID SMITH, PROPERTY MANAGER FOR THE BUILDING. SMITH REPORTED THAT A FIRE HAD BEEN SET IN THE WOMEN'S BATHROOM ON THE 13TH FLOOR. DETECTIVE FRANCIS CHECKED THE BATHROOM AND FOUND THE REMAINS OF A FIRE AGAINST THE WEST WALL OF THE BATHROOM AND CONTACTED THE FIRE DEPARTMENT.</p> <p>ENGINE CO.#41 RESPONDED TO THE SCENE AND CAPTAIN DIEHL REQUESTED AN INVESTIGATOR WITH THE FIRE INVESTIGATION BUREAU TO BE NOTIFIED. CAPTAIN BRUCE SHILOH, F.I.B. #3 ARRIVED AND CONDUCTED AN INVESTIGATION INTO THE ORIGIN AND CAUSE OF THE FIRE. CAPTAIN SHILOH DETERMINED THAT THE FIRE ORIGINATED AGAINST THE WEST WALL OF THE WOMEN'S BATHROOM ON THE 13TH FLOOR WHERE TOILET TISSUE AND A PIECE OF TWINE WHERE STUCK TO THE UNDERSIDE OF A SINK AGAINST THE WALL. AN OPEN FLAME IGNITED THE PAPER WITH THE RESULTING FIRE CONSUMING PART OF THE TOILET PAPER AND TWINE WITH EXTENSION OF FIRE TO THE LOWER PORTION OF THE WEST WALL. THE WALL SURFACE WAS PARTIALLY BURNED AND SCORCHED IN AN AREA MEASURING 10 X 18 INCHES.</p> <p>ON THE SINK NEXT TO THE BASIN A PLASTIC SANDWICH BAG WAS LOCATED. INSIDE THIS BAGGIE WAS A ROUND PLASTIC TUPPERWARE TYPE CONTAINER WITH PAPER MATERIAL INSIDE. AN ODOR OF AN IGNITABLE LIQUID WAS EMANATING FROM THIS BAGGIE. CAPTAIN SHILOH DETERMINED THAT THE FIRE WAS INCENDIARY IN NATURE, BEING DELIBERATELY SET AND REQUESTED POLICE ARSON TO RESPOND TO THE SCENE. THIS DETECTIVE WAS NOTIFIED BY FIRE COMMUNICATIONS AT 9:58 AM HOURS WITH MY ARRIVAL TIME ON THE SCENE AT 11:00 AM.</p> <p>MY INVESTIGATION REVEALED THAT THE FIRE ORIGINATED IN THE WOMEN'S BATHROOM ON THE 13TH FLOOR OF THE MARINER BANK TOWER. TOILET PAPER AND A PIECE OF TWINE WERE IGNITED WITH AN OPEN FLAME. THE FIRE BURNED THE WALL SURFACE OF THE WEST WALL UNDER THE BATHROOM SINK. A PLASTIC CONTAINER WAS FOUND IN A BAGGIE ON THE COUNTER NEXT TO THE SINK. AN ODOR OF AN IGNITABLE LIQUID COMMONLY ASSOCIATED WITH GASOLINE WAS NOTICED COMING FROM THE BAGGIE AND CONTAINER.</p> <p>FURTHER INVESTIGATION REVEALED TWO WITNESSES TO THE ARSON WERE IDENTIFIED. ONE WITNESS STATED THAT THEY ENTERED THE WOMEN'S BATHROOM WHERE THE FIRE OCCURRED AND NOTICED A STRONG ODOR INSIDE. THEY OBSERVED A WHITE FEMALE, LATER IDENTIFIED AS MARIA MAHMOOD, DOB 8/16/79, WASHING OUT A SMALL PLASTIC CONTAINER IN THE LAST SINK AGAINST THE WEST WALL. THE FEMALE PRODUCED A BAGGIE FROM A BLUE BAG WITH WHITE PAPER TYPE MATERIAL INSIDE. A STRONG ODOR WAS COMING FROM THE BAGGIE. THE FEMALE THEN WENT INTO THE SECOND TO LAST STALL. THIS WITNESS THEN LEFT THE BATHROOM.</p> <p>A SECOND WITNESS THEY ENTERED THE BATHROOM AND ALSO IMMEDIATELY SMELLED A STRANGE ODOR THEY DESCRIBED AS COMING FROM A VEHICLE, AND OBSERVED THE WHITE FEMALE LEAVE THE STALL AND STAND NEXT TO THE LAST SINK AT THE COUNTER TOP. WHEN THIS WITNESS LEFT THE STALL, SHE OBSERVED A SMALL FIRE UNDER THE COUNTER BENEATH THE LAST SINK. THE WITNESS WET A PIECE OF PAPER TOWEL AND ATTEMPTED TO EXTINGUISH THE FIRE.</p> <p>BOTH WITNESSES INDICATED THAT NO ONE OTHER THAN THE WHITE FEMALE ENTERED OR EXITED THE REST</p>							
21 I affirm and declare that the statements above are true to the best of my knowledge:				Reporting Person's Signature Date			
22 Reporting Officer Name (PRINT CLEARLY) DET. FRANCIS		Sequence No./Assignment F013 SED		Signature [Signature]			
23 Approving Supervisor Name (PRINT CLEARLY) [Signature]		Sequence No./Assignment [Signature]		Signature [Signature]			
24 RMS Data Entered by [Signature]		Sequence No. Date Time		25 Reviewed [Signature]		26 Referred To CTD	

REPORT SHOULD BE TYPED OR LEGIBLY PRINTED IN BLACK INK

SUPPLEMENT REPORT Form 04/007 1160-25-23		POLICE DEPARTMENT BALTIMORE, MARYLAND		1 Crime / Incident ARSON		Attempt 21 Complaint Number 112H03606	
<input checked="" type="checkbox"/> Continuation Person <input type="checkbox"/> Property <input checked="" type="checkbox"/> Miscellaneous <input type="checkbox"/> Vehicle <input type="checkbox"/> Missing Person <input type="checkbox"/> Custody <input type="checkbox"/>		<input type="checkbox"/> Follow Up		3 Location of Offense / Incident (Street Address, Zip) 1601 S. CLINTON ST. 21224		Page 3 of 3	
4 Date / Time of This Report 8 AUG, 11 0000		5 Arrest / Custody Number 11200400		11 Original Report Date / Time #4		12 Offense / Incident Changed From	
6 Unit 2331		7 Post of Occurrence Reporting Area 231		8 Street Code 0805		10 CAD Number 0805	
13 Case Status <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed		14 Multiple Clearance <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15 Case Disposition <input checked="" type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared		16 Follow-up <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
18 Complaint / Victim COPT		19 Residence / Address (Include City, County, State, Zip) 1601 S. CLINTON ST. 21224		Sex <input type="checkbox"/> Race <input type="checkbox"/> Age <input type="checkbox"/> DOB <input type="checkbox"/>		17 Crime Code 80	
20 Copies Forwarded To ASU PER							
21 Narrative (1) Construction of any preceding items. (2) Property Listing. To include property taken and seized/substantiated in known property; all property inventory number(s) when applicable. (3) Record all activity and all developments in case. (4) List all additional submissions, including name, agency or organization, unit number, telephone number, date, time. (5) Record case status when applicable. (6) If Multiple Clearance, include all affected complaint/case numbers.							
ROOM WHILE THEY WERE INSIDE. WHILE DETECTIVE FRANCIS WAS CONDUCTING HER PRELIMINARY INVESTIGATION, SHE IDENTIFIED THE SUSPECT, MARIA MAHMOOD AND TOOK HER INTO CUSTODY. HER BLUE BAG WAS RECOVERED AND INCIDENT TO ARREST WAS SEARCHED. INSIDE THE BAG WAS A SMALL BAGGIE WITH WHITE PAPER INSIDE. ALSO INSIDE THAT BAGGIE WAS A PIECE OF TWINE IDENTICAL TO THE PIECE FOUND BURNING INSIDE THE LADY'S ROOM. ALSO RECOVERED FROM THE BLUE BAG WAS A BIG DISPOSABLE LIGHTER. THE INTERIOR OF THE BAG REAKED OF AN IGNITABLE LIQUID COMMONLY ASSOCIATED WITH GASOLINE.							
Continued <input type="checkbox"/>							
21 I affirm and declare that the statements above are true to the best of my knowledge:							
Reporting Person's Signature _____ Date _____							
22 Reporting Officer Name (PRINT CLEARLY) DET. FRANCIS		Sequence No./Assignment F013 SED		Signature [Signature]		Date	
23 Approving Supervisor/Assistant Name [Signature]		Sequence No./Assignment [Signature] SED		Signature [Signature]		Date	
24 RUS Date Entered By [Signature]		Sequence No. Date Time [Signature]		25 Reviewer [Signature]		26 Referred To [Signature]	

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